### INSTRUCTIONS FOR STATE CONTROLLER'S TRANSACTION REQUEST

1. Page: If multiple pages involved, please note here.

2. Agency: Enter name of agency submitting transaction.

3. Address: Enter address of state agency submitting transaction.

4. Agency Document Number:

Enter letter number if applicable.

5. Appropriation Data: Enter either the four (4) or seven (7) digit fund number, agency, fiscal year, reference, category or program in correct column. If

applicable, fill in element, component, task and revenue/object code.

6. Amount: Enter the amount of your request. Please be sure to input amount in the proper decimal point position.

7. D/C Column: Enter whether this is a DEBIT (D) or a CREDIT (C). See chart below for guidelines.

8. "A" Column: Enter the appropriate account type. See chart below for guidelines.

COI	LUMN 7		COLUMN 8
Increase	Decrease	Account Types	Account Description
Credit	Debit	D	Disbursing
Debit	Credit	F	Reimbursement or payable
Credit	Debit	T	Transfer
Credit	Debit	R	Revenue

9. Source Fund: If account is a reimbursement or payable, you must enter the four (4) or seven (7) digit source fund.

10. Description: The description field consists of 25 spaces. DO NOT input past the SOLID black lines.

The description for a Plan of Financial Adjustment MUST contain the following per SAM Section 8452.1:

a. Month and year that the transfer is for.

b. Whether the PFA is Actual or Estimated.

c. Letter number (Optional).

**EXAMPLE: PFA ACTUAL JUL 96 LT 123** 

DO NOT USE ANY SPECIAL SYMBOLS IN THIS FIELD, i.e. #,:';.()

11. Chapter Number/Year/Item:

Enter chapter number/year/item that authorizes transaction, or any applicable legal authority.

12. Program Description:

Enter program description as identified in the Budget Act Item or Special Legislation Section code.

For Items 13 through 16:

#### IF YOUR TRANSACTION REQUEST CONSISTS OF MORE THAN ONE PAGE, ENTER THE FOLLOWING ON PAGE 1 ONLY.

13. Type of Transaction: Enter Plan of Financial Adjustment, Controller's Receipt Correction, Claim Schedule Correction, etc.

14. Reason for request / Legal Authority:

Write detailed explanation and cite appropriate legal authority for request  $% \left( 1\right) =\left( 1\right) \left( 1\right$ 

15. Authorized Signature:

This represents the person certifying the correctness of the document.

THIS MUST BE AN ORIGINAL SIGNATURE.

16. Contact Person: Name of person to be contacted if questions need to be answered.

17. Phone number / Date:

Phone number of contact person and date transaction request completed.

#### **GENERAL NOTES:**

This format is designed to be a direct INPUT document. To insure that documents are processed correctly, the following criteria must be met. Failure to comply with these requirements will result in the document being returned to your agency unprocessed.

- A. THIS FORM WILL ONLY BE ACCEPTED ON 8 ½" X 14" LEGAL SIZE PAPER. Before submitting original requests, fax a completed sample to SCO for review. Fax Number (916) 323-6527 or CALNET 8-473-6527.
- B. All sections, except the amount column, are left justified. All appropriation, amount and description input must be entered between the tick-marks provided on the worksheet.
- C. DO NOT fill in any areas designated "CONTROLLER'S USE ONLY" or "SCO USE ONLY."
- D. As this form will not be available in stores, all state agencies, campuses, boards, commissions and departments will be resp onsible for reproducing this form.
- E. This new form is available on diskette. If you wish to develop this form on your own system, it must first be approved by the State Controller's Office. Any forms not authorized by the SCO will be returned unprocessed. Questions regarding the approval process or obtaining a diskette should be directed to Walter Parker at (916) 327-1715 or Email wwparker@ix.netcom.com.

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# STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER TRANSACTION REQUEST

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# STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER TRANSACTION REQUEST PFA SAMPLE

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TYPE OF TRANSACTION:  Plan of Financial Adjustment		I hereby certify under penalty of perjury that I am duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within												
LEGAL AUTHORITY AND REASON FOR REQUEST:		nerein fame of state agency, department, board, commission, office of risalitation, that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.												
In accordance with our continuing Plan of Financial Adjus		AUTHORIZED SIGNATURE:												
on 9/23/93, we request the following transfer be made for	actual expenditures for the month of July 1997.	CONTACT DEDCON-												
		CONTACT PERSON:												
		Joan Stateworker PHONE FOR CONTACT:   DATE:												
		916-555-5555 09/06/97												

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### STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER

### TRANSACTION REQUEST CR Correction SAMPLE

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**CR Correction SAMPLE** PAGE 1 OF 1 Address: Agency Document Number: Agency: **Department of Examples** 1212 Capitol Ave, Sacramento, CA 95814 Ltr 97-001 D SOURCE SCO USE **FUND** AGY REF/ITEM **FED CAT** P/N C CAT PGM ELE COMP **TASK** ACCT **REV/OBJ AMOUNT** CATOB **FUND** FY 0 0 0 1 9 9 9 0 1 9 9 7 0 1 9 9 9 8 8 7 7 D D 0 0 1 DNKP) CHAPTER NUMBER/YEAR/ITEM Chapter 282/97 Budget Act of 1997 COR CR 67890 8-8-97 Support 0 9 9 9 0 0 2 9 9 9 0 1 9 9 7 0 0 1 9 9 9 9 9 8 8 7 7 C D DNKP) CHAPTER NUMBER/YEAR/ITEM Chapter 282/97 Budget Act of 1997 COR CR 67890 8-8-97 Clearing Account DESCRIPTION (DNKP) CHAPTER NUMBER/YEAR/ITEM DESCRIPTION DNKP) CHAPTER NUMBER/YEAR/ITEM DNKP) CHAPTER NUMBER/VEAR/ITEM TYPE OF TRANSACTION: I hereby certify under penalty of perjury that I am duly appointed, qualified, and acting officer of the **Controller Receipt Correction** herein named State agency, department, board, commission, office or institution; that the within LEGAL AUTHORITY AND REASON FOR REQUEST: transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation. Controller's Receipt No. 67890 dated 8/8/97 RA No. ZZ970013 AUTHORIZED SIGNATURE: incorrect account coded on remittance advice. Proper personnel have been notified to prevent future errors. CONTACT PERSON: Joan Stateworker PHONE FOR CONTACT DATE:

916-555-5555

09/06/97

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### STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER

### TRANSACTION REQUEST Claim Schedule SAMPLE

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# STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER TRANSACTION REQUEST

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